REASONABLE ACCOMMODATION REQUEST

Please check one:  ____Student  ____Employee

SECTION TO BE COMPLETED BY STUDENT/EMPLOYEE

Name: _________________________________________________________     Date of Request: ____________________

Student ID#/Employee ID#: ____________________________       Date Accommodation Needed: ___________________

College Location: (circle one)  Ashland       Hayward       Ladysmith       New Richmond       Rice Lake       Superior       Shell Lake

Describe the disability and how it affects your education/work:  ______________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Accommodation(s) you are requesting: ______________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

To ensure the provision of reasonable and appropriate accommodations, the student or employee requesting services must provide current documentation of their disability. The documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement or work performance. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and it substantially limits and impacts the major life activity of learning (student) or working (employee). If accommodations, academic adjustments and/or auxiliary aids are being requested, the documentation provided must support the request. Appropriate accommodations will be determined based on the specific information submitted in the documentation. Please attach required documentation to this form. Complaint/appeals information is contained in Administrative Procedures G-111A/J-111A, Reasonable Accommodation for Student/Employee with Disabilities.

_______________________________________________________  __________________________
Student/Employee Signature  Date

FOR COLLEGE USE ONLY

Accommodation is:  _____Approved  _____Not Approved

Accommodation Plan and Effective Date: ______________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Revisions or changes to above plan and date implemented: __________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

HR (employee)/Dean of Students (student) Signature  Date

Reasonable Accommodation Request Form - Nov 2012